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The Madrid International Plan of Action on Ageing: Where do we stand fifteen years later? Experience and lessons from selected countries in West and Central Africa

Ousmane Faye[1] and Gilena Andrade[2]

Abstract. Africa has the fastest growing older population in all regions of the world. This unprecedented increase in the number of older people reflects successes in public health, education and economic well-being across the continent. Nevertheless, it poses new challenges as to how African countries should respond to the needs of their older populations. MIPAA provides a basis for coherent policies and practices to address these concerns. This study documents the various efforts made to implement this plan in the West and Central African region fifteen years after its adoption. The analysis is based on the most recent and reliable data available on ageing issues. The results suggest that, despite the commitment of countries in the region to implement MIPAA, ageing issues remain a neglected or non-priority issue in the region. The dynamics of ageing are not accompanied by innovative policies to provide older persons with the necessary economic, financial and medical resources. In most countries, older persons are hardly identified as a specific group to be targeted in development plans. Furthermore, there is practically no readable and adequate information on the elderly population. Countries in the region are unique in that they do not collect comprehensive information on older persons.

Keywords: Ageing, West and Central Africa, policy, wellbeing.

Introduction

Although older people make up a small proportion of the population in sub-Saharan Africa (SSA) and their proportions are projected to grow quite slowly relative to other areas in the world, population ageing is becoming a major social and policy issue in the region. The absolute number of older persons is rising more sharply in SSA than in any other region, almost quadrupling from 40 million in 2010 to 165 million by 2050 (United Nations, 2017). Life expectancy at age 60 in SSA is already 16 years for women and 14 years for men, signifying

[1] African Influence Institute – AFRII, Dakar – Senegal. (oussou.faye@gmail.com)
[2] UNFPA WCARO, Dakar – Senegal. (Andrade@unfpa.org)

that a long old age is an increasing reality in the region. Within a context of continued, widespread poverty but also substantial growth and societal transformation in the region – and given older people's critical intergenerational and economic roles – the situation of SSA's rapidly growing older population will have far reaching consequences for policy in SSA. Above all, the health profile of SSA's older population, hugely exposed to chronic disease and impaired function, will pose major challenges and opportunities for formal and informal health and care systems, labour markets, overall productivity, human capital formation, demand and consumption patterns and, thus, development broadly. Understanding and anticipating challenges of population ageing is critical, therefore, for forging coherent mid- and long-term policy and practice responses across health, social and economic sectors in SSA. International debate on the challenges of population aging has intensified and focuses on concerns about the vulnerability of elderly persons to poverty, social exclusion, and limited access to healthcare. Major policy instruments, including the 2002 UN Madrid International Plan of Action on Aging (MIPAA), urge governments to develop responses to address the needs of older populations. As signatories to this plan, SSA states have expressed a commitment to its implementation.

Fifteen years after its adoption, the question is where do the MIPAA signatory countries stand? The aim of this paper is to provide a comprehensive assessment of how countries in Western and Central Africa[3] have implemented the Plan and to highlight the key problems. The MIPAA puts emphasis on the need to consider older persons in development planning, stressing that older persons should be able: *i)* to participate in and benefit equitably from the fruits of development; *ii)* to advance their health and well-being; *iii)* and that societies should provide enabling environments for them to do so. Such assessment is timely needed in a context of near-absence of ageing in mainstream policy and debate in the continent. Unlike children, youth, and women who are given a high profile in the various national and international development agenda (SDG, Agenda 2063, etc.), older persons in SSA tend not to be targeted as a specific group. Yet, there is a critical need to take full account of the ageing phenomenon in the continent. The growing number of older people is likely to put additional strains on families' and communities' resources, compromising thus all efforts made for poverty reduction in the region. Therefore, as the number of the older population is growing, it is crucial for African countries to implement innovative policies and public services designed purposely for this age group in order to cater for their specific needs in terms of housing, employment, health care, infrastructure and social protection.

This paper is organised into the following sections. Section 1 sets the context and explains the rationale of the study. Section 2 provides a detailed description of the data and sources that were used and identifies crucial data gaps. Session 3 highlights policies and legislation passed since 2002 in countries in the region to implement the MIPAA. Section 4 focuses on older persons' development capacities and resources. Section 5 discusses health issues and access to health services in older ages. Section 6 looks at the environment and conditions of ageing

[3] Benin; Burkina Faso; Cameroon; Cabo Verde; Central African Republic; Chad; Congo, Republic of; Cote d'Ivoire; Equatorial Guinea; Gabon; Gambia, The Republic of; Ghana; Guinea; Guinea-Bissau; Liberia; Mali; Mauritania; Niger; Nigeria; Sao Tome and Principe; Senegal; Sierra Leone; and Togo.

in the region and the living circumstances and social relations of older people in the various countries. Finally, section 7 concludes on the keys messages and recommendations for improving the quality of life for older persons in the region.

Data

A major constraint in providing the statistical groundwork needed to prepare this paper is the dearth of relevant, detailed and comparable data. In most countries in the region, existing data does not yet cover all problems relating to the older persons' plights. Often, information collected on demographic and health problems in these countries focus essentially on issues of concern to people who are not yet old: infant, child and maternal health; nutrition; HIV/AIDS; etc. Furthermore, population estimates and projections for many sub-Saharan African countries are based on limited data. Few countries in sub-Saharan Africa have data from a recent census. Very few countries in sub-Saharan Africa have viable vital statistical systems that produce usable data on fertility and mortality. This systematic lack of vital registration data makes it necessary to derive estimates of mortality using indirect demographic techniques based on survey and census data. The most readily available data that can be used to estimate fertility and mortality come from Demographic and Health Surveys (DHS). Therefore, the demographic data in this paper should be interpreted with caution.

This paper uses the most recent and reliable data available on ageing-related issues in some selected countries in the West and Central Africa region to assess the situation of the older persons. This section provides a detailed description of these data and their sources and highlights the crucial data gaps that need to be addressed in order to improve the ability to track progress in mainstreaming ageing in public policies and programs in Africa. The demographic data used are based on population estimates and projections prepared by the US Census Bureau and the World Population Prospect 2017 revision. Data on individuals' and households' socioeconomic and demographic characteristics used in this come from the household component of the most recent Demographic and Health Surveys (DHS) conducted in the various countries in West and Central Africa between 2002 and 2016. DHS are nationally representative samples, which the main objective is to collect information on the reproductive and health behavior of women aged 15–49. DHS household rosters include information on every person usually living in the household at the time of interview (de jure household members) or who slept in the household the night before the interview (de facto members). The household member file includes age, sex, relationship to head, and education level. For children ages 17 years and younger, the file also provides information on whether the member's biological mother and biological father were still alive.

Following Zimmer and Dayton (2007), we assess household composition and older persons living arrangements, focusing on de jure household members (that is, persons who lived in the household at the time of the survey). Indeed, the de jure approach is more consistent with selection probabilities based on censuses. We then use the information provided on members' age, sex, and relationship to head to identify with whom the older persons live together or not (alone, partners, children, grandchildren, siblings, and/or other relatives). DHS data contain

also a wealth index, which is a composite measure of a household's cumulative living standard. It is calculated using observable or easy-to-collect items (assets, services, amenities) that are specific to urban and rural areas. For each area of residence, predicted wealth scores are calculated and these scores are joined to make the combined wealth score at the national level. Quintiles for urban and rural areas and the country as a whole are then calculated using the de jure household populations of the two residential areas, to produce urban, rural and combined wealth indexes, respectively. Rutstein (2008) provides additional details on DHS procedures for calculating urban, rural, and total wealth indexes.

Policies and legislation passed since 2002 specifically related to older persons

This assessment of progress made towards the implementation of the MIPAA's guideline in the West and Central Africa region is based on information gathered from national offices and desk research. States that have acceded to MIPAA are bound to put its provisions into practice, but most countries in the region have yet to introduce relevant policy changes. Only a handful of countries have made significant efforts towards mainstreaming ageing issues into their national policies (Côte d'Ivoire, Ghana, Nigeria, Senegal and Togo). In what follows, a brief overview of what has been done in each country.

Côte d'Ivoire. The Directorate of Social Protection in charge of the elderly advocates with local authorities- regional councils for the integration of the elderly issues into their local development plan and policy. The government approved the bill on tax exemption for pensions and increased the latter by 8 percent in 2014.

Ghana. Initiatives to improve the quality of life of older persons are being implemented by government and partners: *i)* Introduction of the Eban Card for Old people (*Eban is an old Akan symbol which stands for love, safety and security*) with more than 20 thousand members registered in August 2016; *ii)* Formulation of gender policy on ageing women, which seeks to redress inequity in customary laws rooted in male inheritance of land and other productive resources that put women at a disadvantage, especially in their old age ; *iii)* Introduction of free medical services for people 70 and older; *iv)* Establishment of an Advisory Committee on ageing, responsible for preparing the bill on ageing; *v)* Ghana National Social Protection policy launched in December 2015, which contains: **a)** access to basic essential care for all; **b)** minimum income security for older persons that are supported in terms of programmes that affords them a meaningful livelihood and **c)** preparation of Bill on the Aged that is currently in review by the General Attorney. It is envisaged that the process will be completed in 2017. Further actions to be taken include:

- Establishment of the Ageing Fund; aged bill accelerated; fund established
- Implementation of the national gender policy (NGP) provision on access to productive resources by women is expected to be implemented expeditiously.
- Prioritize healthcare for the elderly by training geriatric doctors, nurses, and caregivers.
- Speed up the approval processes for the passage of the Aged bill which is currently with the Attorney General's office for reviewing and drafting. Most of the provisions of the ageing policy can only be operationalized when the law is in place.

Nigeria. Fragmented interventions on ageing are being addressed sectorally under the 2004 National Policy on Population and Sustainable Development (NPPSD) by the National Population Commission, National Health Policy, Federal Ministry of Health (FMOH) and the National Gender Policy through the Federal Ministry of Women Affairs and Social Development (FMWA&SD). Following the establishment of the Pension Reform (2004), about 7.8 million older persons receive a contributory pension, which is aimed exclusively at the formal sector, which, according to recent estimates, make up only 10% of the workforce and only 1.2% of the Nigeria workforce. The Non-Contributory Pension has been adopted in four States: Ekiti, Osun, Anambra and Cross Rivers. Four out of 36 states have introduced State Social Welfare Scheme for the elderly. In October 2014, the federal government announced plans to launch a National Policy on Ageing in the country to provide a suitable national framework for care of older persons. So far, two Geriatric centres have been opened. Two draft national and state-level policies awaiting enactment: i) 2014 draft National Social Protection Policy and ii) draft Cross Rivers State Social Protection Policy. The 2014 draft National Social Protection Policy accommodates the provisions of the 2003 draft National Policy on the Care and Welfare of the Aged and Older Persons.

*Senegal***.** Innovative policy options have been taken for the benefit of the elderly: i) the family grant programme; ii) the program of universal health coverage; and iii) the SESAME plan for free medical care. Senegal intends to invest in a Social Protection strategy which aims to guarantee better access to basic services and social transfers for the poorest and most vulnerable, in articulation with the national strategy of Social Protection, which includes: (i) strengthening social security for workers and retirees, through the institutional and legal social security framework reform, increasing the level of income of certain categories of workers, improving and extending social services; (ii) improving the socio-economic conditions of vulnerable groups, by strengthening the social reintegration of vulnerable groups and the expansion of the social transfers mechanisms; (iii) extending social protection to the informal sector and vulnerable groups by implementing a universal health coverage and the establishment of a system of information and monitoring. It is expected that in 2017, the health insurance coverage will increase from 20 to 75% with a focus on the older persons.

*Togo***.** Several actions have been towards integration of ageing issues into the: (i) national population policy (1998), (ii) Poverty Reduction Strategy (2008-2012); (iii) social protection policy in 2012; (iv) the strategy for accelerated growth and Promotion of employment (2013 - 2017). Other initiatives include: (i) celebration each year the international day of older persons (1st October): awareness of decision makers, technical and financial partners and the communities on the protection of the elderly and the inclusion of elderly needs in social development efforts; (ii) national policy for the protection of the elderly and its action plan integrated into the social protection policy (2009-2011); (iii) development of a documentary on the importance of the elderly within families and communities (2016); (iv) establishment of the structures of the National Advisory Council of the elderly at national and subnational level (2006). Furthermore, various studies on ageing issues have produced and the findings used for advocacy to promote actions in favour of old people: Healthy ageing produced (2008); retirement guide (2009); qualitative study on the opinions and attitudes of young people and adults in preparing for old age (2010); study on senior volunteerism and the final

report and database on the expertise of the elderly was validated in 2015 and a study on the protection of elderly to identify the most vulnerable is ongoing based in 2010 census data.

Older persons and development in West and Central Africa

Older people's situations vary considerably in terms of economic and financial autonomy. Many seniors are financially independent and manage to live off their own income and savings. Some may even help others, including some who remain active in the labour force. However, for large segments of the population, old age is associated with growing dependency and economic insecurity due to declining income or health and a growing need for care and support. The vulnerability of older persons is greater when there is no reliable source of income support, for example through social protection mechanisms, which may take the form of pensions, disability insurance or benefits care for the elderly. Retirement pensions or similar schemes with income support at an advanced age are essential to the social protection of the elderly.

Financial security and old-age pension coverage

Income insecurity

Old age is seen to be a time of losses - declining health, failing functionality, frailty, and shrinking networks. Therefore, the main risk when one reaches old age is poverty or income insecurity due to the loss of one's ability to earn income, partially or totally. In almost every country in the region, the main source of income for the elderly is labour income; particularly revenue in-kind from self-employment activities in the urban informal sector or subsistence agriculture. As a result, many people continue to work until they are no longer able to do so (Ezeh et al., 2006). The elderly may also benefit from transfers of close or extended family members, including transfers in kind through co-residence with the children (Aboderin, 2006.) Membership of cooperative groups such as self-help groups, credit associations and cultural groups is also another source of income for older persons in many countries. As well, in some countries, older people may also receive incomes from non-governmental aid organizations, including charitable and non-profit organizations and religious groups (HelpAge International & Cordaid, 2011). However, as extended family ties weaken due to urbanization, migration and widespread poverty, concerns are rising about the economic insecurity of older people in the region. Many are uncertain about their income and may encounter difficulties in meeting their needs. This concerns those who have never had children, those whose children or spouses have died or been displaced, and those whose children do not earn enough to support them. It also applies to those who no longer work or have declining participation due to reduced work opportunities or health-related difficulties. This is now happening in many African countries the region (Aboderin, 2006). In addition, the old age economic insecurity in West and Central Africa is compounded by market failures. Insurance and financial markets are clearly incomplete in all countries in the region. An incomplete market is one in which consumers would be willing to pay more than the cost of a good or service, but it is not provided. In the current state of capital markets in the region, many are denied participation in these markets, although some might be willing to pay a fair

premium. In almost every country in the region, Savings by individuals and households are constrained by income and access to formal financial services. Indeed, individuals and households in these countries do save, but do so outside of the formal financial system. Informal saving clubs are more common than formal savings accounts. Overall, countries in West and Central Africa are lagging behind in terms of financial inclusion. Countries in the region have the lowest proportions of adults with a bank account in a formal financial institution in the world: 11.8% in the central region and 12.6% in the West African Economic and Monetary Union (WAEMU), some distance from the average in sub-Saharan Africa 34%. Most savers in the region only make informal savings (European Investment Bank, 2016).

Old-age pension coverage

A pension plan is a formal arrangement whereby individuals earn income (regular periodic payments) when they reach a certain age and no longer receive regular income. Pensions play thus an important role in securing and improving the livelihoods of older people and reducing poverty. Evidence suggests that poverty among older people is low in countries where there exists a generous pension or safety net coverage for the elderly, such as in Brazil, Chile or South Africa. In contrast, in countries where old-age pension systems are non-existent or target a few numbers of people, older people are over-represented among the poor (Barrientos, 2003; Barrientos *et al.*, 2003; Bertrand *et al.*, 2003; Bourguignon *et al.*, 2004; Duflo, 2003). However, despite such a role, most the elderly in the region are not covered by a pension scheme. Virtually no country in the Western and Central Africa has focused on expanding coverage of the pension system or on setting up a social protection program for the older persons. Formal pension programs in the region are so far been limited in their coverage, include few incentives for workers to participate. As well, they often encounter administrative and governance difficulties, and in many cases, are not financially sustainable. In the region, the social security system generally provides retirement income only to high-income urban workers. Typically, levels of coverage in the rural and informal sector or for women are low. Tables 1 and 2 show the extent of old pension coverage in the various countries. Incomplete coverage is a widespread phenomenon the region. In most cases, fewer than 15 percent of all those in the labour force or in employment contribute to a pension scheme. The worst situation is in Chad, Cote d'Ivoire, Equatorial Guinea, Gambia, Mauritania, Niger and Nigeria, where the old-age pension covers fewer than 5 percent of the working-age population. The highest coverage is in Togo and Sierra Leone (58 percent), followed by Central Africa Republic (54 percent), Ghana (51), Burkina Faso (45), and Cabo Verde (44 percent). On another hand, a significant gender gap is worth to be mentioned: in nearly all countries in the region, women are covered to a much lesser extent than men, except for Central Africa Republic, Togo, Sierra Leone, Liberia, and Ghana. This suggests more economic insecurity among the aged women. In fact, for women, the chances of widowhood are high, given the fact that they have higher survival rates and that they tend to marry men who are much older than them.

Table 1: Old-age pensions in West and Central Africa: Key features of main social security programmes

Country	Statutory pensionable age		Estimate of legal coverage for old age as a percentage of the working-age population					
			Total		Mandatory		Voluntary	
	Men	Women	Total	Women	Total	Women	Total	Women
Benin	60	60	4.3	2.3	4.3	2.3	0.0	0.0
Burkina Faso	56	56	45.2	18.3	5.8	2.8	39.4	15.5
Cameroon	60	60	13.6	6.2	13.6	6.2	0.0	0.0
Cabo Verde	65	60	43.5	35.7	43.5	35.7	0.0	0.0
Central African Republic	60	60	54.1	60.3	14.7	13.4	39.4	21.5
Chad	60	60	3.6	0.5	3.6	0.5	0.0	0.0
Congo	60	60	10.2	5.9	10.2	5.9	0.0	0.0
Côte d'Ivoire	60	60	10.0	4.9	10.0	4.9	0.0	0.0
Equatorial Guinea	60	60	13.0	2.4	13.0	2.4	0.0	0.0
Gabon	55	55	11.6	9.5	11.6	9.5	0.0	0.0
Gambia	60	60	4.0	2.5	4.0	2.5	0.0	0.0
Ghana	60	60	51.0	45.0	11.7	5.8	39.4	39.2
Guinea	55-65	55-65	10.6	7.0	10.6	7.0	0.0	0.0
Liberia	60	60	50.2	50.4	9.1	4.4	33.0	36.0
Mali	58	58	38.3	29.4	6.1	3.7	32.2	25.7
Mauritania	60	55	4.7	1.3	4.7	1.3	0.0	0.0
Niger	60	60	3.4	1.6	3.4	1.6	0.0	0.0
Nigeria	50	50	3.7	1.9	3.7	1.9	0.0	0.0
Sao Tome and Principe	62	57	29.6	27.0	18.3	17.6	11.3	9.4
Senegal	55	55	11.9	6.6	11.9	6.6	0.0	0.0
Sierra Leone	60	60	57.9	52.3	5.3	2.4	52.5	49.8
Togo	60	60	57.7	57.1	57.7	57.1	0.0	0.0
Africa			26.9	16.2	20.3	11.5	6.6	4.7
North Africa			*36.1*	*12.7*	*36.1*	*12.7*	*0.0*	*0.0*
Sub-Saharan Africa			*25.0*	*16.9*	*17.1*	*11.3*	*7.9*	*5.6*

Source: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=43197.

Figures show very limited development of pension coverage in the region. The West and Central African region has one of the world's lowest proportions of old age pension beneficiaries; less than 10% in most countries, far below the average in Africa (21.5%). Disparities within West Africa itself show that there are different levels of development. Cabo Verde has the best performance, both for men (60%) and women (53%). Gabon and Sao Tome and Principe, as well, have some relatively high proportion old pension beneficiaries (39% and 42%, respectively) whereas Chad's and Sierra Leone's old age pension beneficiaries rate is only 1.6% and 0.9%, respectively.

Table 2: Old-age effective coverage in West and Central Africa: Old age pension beneficiaries: Proportion of older women and men (above statutory pensionable age) receiving an old-age pension

	Proportion by sex (%)			Proportion by type of program (contributory or not), (%)	
Region or country	**Total**	**Male**	**Female**	**Contributory**	**Non-contributory**
Estimates (weighted by total population)					
Africa	21.5	…	…		
Middle East	29.5	…	…		
Latin America and the Caribbean	56.1	62.3	52.4		
Asia and the Pacific	47.0	…	…		
Central and Eastern Europe	94.3	97.2	93.8		
North America	93.0	…	…		
Western Europe	92.4	99.2	86.5		
World	51.5	…	…		
Benin	9.7	...	...	9.7	…
Burkina Faso	3.2	7.1	0.5	3.2	…
Cameroon	12.5	20.2	5.9	12.5	…
Cabo Verde	55.7	59.8	52.8	18.2	37.5
Chad	1.6	...	...	1.6	…
Congo	22.1	42.4	4.7	22.1	…
Côte d'Ivoire	7.7	...	...	7.7	…
Gabon	38.8	...	...	38.8	…
Gambia	10.8	...	...	10.8	…
Ghana	7.6	...	...	7.6	…
Guinea	8.8	...	...	8.8	…
Guinea-Bissau	6.2	...	...	6.2	…
Mali	5.7	8.5	3.7	5.7	…
Mauritania	9.3	...	...	9.3	…
Niger	6.1	...	...	6.1	…
Nigeria	...	...	...	…	0.4
Sao Tome and Principe	41.8	...	...	41.8	…
Senegal	23.5	...	...	23.5	…
Sierra Leone	0.9	...	...	0.9	…
Togo	10.9	...	...	10.9	…

Source: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=37897

Formal pension systems

National pension schemes in the region are mostly mandatory-contributory defined benefit (DB) schemes, financed on a pay-as- you-go (PAYG) basis. Only Gambia has a provident funds; while Nigeria has a funded defined-contribution (DC) scheme; and Ghana has a hybrid of DB and DC scheme. Meanwhile, only Cabo Verde has a nationwide means-tested non-contributory old-age assistance scheme. In Nigeria, as well, there exists a non-contributory old-age assistance schemes but at a state level, namely in Ekiti State. Launched in October 2011, the Ekiti State social pension scheme is pension-tested providing cash benefice to all

residents of the state who are over 65 years of age who do not receive any other pension and have a low income. All countries in the region have civil servant schemes, mostly separated from the national contributory schemes. As well, almost all civil servant schemes are PAYG defined-benefit schemes, except for Ghana where the scheme is a combination of DB and DC mechanisms, and for Nigeria where the scheme is a fully funded defined-benefice. Gambia is unique in the region in having a non-contributory scheme for civil servants and pay benefits out of general revenues. Because of their colonial basis, social security systems in West and Central Africa differ between the two main colonial blocs, the Francophone countries and the Anglophone countries. Differences are found in design, legislation, benefits and administration. The legislative framework of most Francophone systems excludes the participation of self-employed workers and those in the informal sector. An employee's membership in a plan is acquired through an employer. On the other hand, many social security schemes in English-speaking Africa allow the voluntary participation of self-employed and informal workers. In practice, both systems have a high density in the formal sector because of the design compatibility of people with an employment relationship. The eligibility criteria for pension benefits also vary between Francophone and Anglophone schemes. Unlike Francophone schemes, many English-speaking plans do not require complete retirement from work to be eligible for pension. In addition, Francophone social security systems are regulated by a centralized body called CIPRES, which groups together 14 French-speaking African countries (Benin, Burkina Faso, Cameroon, Central African Republic, Comoros, Niger, Senegal, Chad and Togo). There is no regulatory body to coordinate social security schemes on the English-speaking side.

Poverty in old age

Pensions schemes have multiple objectives, which include: to reduce poverty, prevent poverty, reduce income inequality, and provide income replacement of lost or reduced income due to various life contingencies, thus "smoothing" consumption of individuals and their families over the life cycle. Given the fact that almost all the pension schemes are mandatory contributory schemes on an earnings-related basis, most of the elderly in the region are obliged to continue working, mainly in the informal economy, because they are not entitled to pensions or the pension benefits are too low. Since most of these people work in the informal economy or in rural areas, they have not contributed to pension schemes during their working lives. Moreover, they cannot benefit from non-contributory social assistance or universal pensions that can lift them out of poverty when they reach retirement because such instruments do not exist in most countries, except Cabo Verde. Thus, most older persons in the region rely on their own income and/or support from their families to sustain their livelihood. To study poverty among the older persons in the region, we adopt Deaton and Paxson's (1995) approach. We classify sample households by living arrangements; in particular, we distinguish between two groups of sample households: households with and without older people aged 60 and above. We use the Demographic and Health Survey (DHS) wealth index as an indicator of standard of living that is widely used in the literature. We compare the quintiles distribution for households with and without elderly members and in this respect, highlight the similarities/differences in the wealth quintile among households living with or without older people. Results show how households are distributed by

household's wealth quintile following households' living arrangements. Remarkably, in almost every country, households with older persons are rather overrepresented in the two bottom quintiles, the poorer and the poorest.

Table 3: DHS wealth index: quintile distribution by household type (based on de jure household members)

(0 = household without elderly; 1 = household with elderly)

Countries	Type of household	Poorest	Poorer	Middle	Richer	Richest
Benin	0	17.03	18.14	18.84	21.62	24.37
	1	26.24	21.51	20.59	16.57	15.09
Burkina Faso	0	17.35	19.77	19.10	19.55	24.22
	1	25.46	21.30	19.87	18.11	15.26
Cameroon	0	15.85	17.03	18.29	22.87	25.96
	1	25.11	27.23	22.10	13.47	12.10
Republic of Congo	0	18.31	19.27	21.09	21.58	19.75
	1	32.09	24.33	17.10	11.72	14.76
Cote d'Ivoire	0	21.41	18.65	20.25	21.18	18.50
	1	21.41	18.65	20.25	21.18	18.50
Gabon	0	13.44	22.96	22.60	22.38	18.63
	1	47.66	13.54	12.97	10.99	14.84
Ghana	0	11.48	16.70	22.29	24.45	25.07
	1	20.51	25.46	22.61	16.70	14.73
Guinea	0	20.43	20.19	16.67	21.32	21.38
	1	22.87	20.75	22.79	18.52	15.07
Liberia	0	20.35	17.48	17.86	23.80	20.51
	1	25.61	24.88	21.30	14.40	13.81
Mali	0	14.88	17.34	18.22	22.95	26.61
	1	22.56	20.68	21.61	19.66	15.50
Nigeria	0	15.92	18.24	18.97	20.82	26.05
	1	16.98	18.72	26.45	23.48	14.37
Sao Tome & Principe	0	21.30	20.97	20.42	18.76	18.55
	1	32.26	21.24	19.41	14.17	12.91
Senegal	0	13.70	15.81	20.49	25.16	24.84
	1	19.64	21.49	18.73	19.65	20.49
Chad	0	23.64	21.15	18.73	16.99	19.48
	1	30.80	18.07	17.49	16.34	17.31
Togo	0	11.01	15.48	20.88	26.90	25.74
	1	17.62	22.74	28.99	17.35	13.30

Source: Data from the Demographic and health survey (DHS)

The extent of poverty among older people varies considerably from one profile to another. We do not have disaggregated data to be able to measure these differences. However, it can be assumed that those who do not have children, and those who get around by get around by themselves, tend to be poorer. Women tend also to be generally poorer than men, in part because they are generally less likely to accumulate savings because they are less likely to

have gainful employment and are also more likely to have left the labor market earlier. The oldest older, those aged 80 years and older, also tend to have more limited capacities and more complex needs than those between the ages of 60 and 79, which particularly exposes them to economic uncertainties.

Educational profile of the older persons

The education profile of older people shows that most older persons in West and Central Africa have no formal education. The proportion of those with no schooling more than 60 percent in almost every country. As well, a significant proportion of older person have not completed primary school (Table No 4).

Table 4: Older persons' educational attainment (%)

Countries	No education	Incomplete primary	Complete primary	Incomplete secondary	Complete secondary	Higher
Benin	84.08	6.66	3.61	3.57	0.63	1.46
Burkina Faso	96.02	2.16	0.77	0.75	0.06	0.22
Cameroon	58.93	19.70	12.37	6.63	0.95	1.42
Chad	90.02	4.58	2.37	2.01	0.36	0.66
Congo (Brazzaville)	57.88	23.82	6.83	8.66	0.95	1.86
Cote d'Ivoire	86.41	3.50	3.66	4.32	1.09	1.02
Gabon	57.69	24.59	7.16	8.75	0.38	1.44
Ghana	60.60	7.66	1.59	24.50	0.54	5.11
Guinea	87.26	3.52	1.29	2.68	1.17	4.07
Liberia	76.31	7.45	1.34	7.14	6.05	1.72
Nigeria	62.09	8.19	13.16	2.98	6.23	7.35
Sao Tome & Principe	44.90	51.93	1.09	1.98		0.10
Senegal	90.36	3.98	1.24	2.96	0.53	0.94
Togo	74.62	11.52	5.51	6.07	0.50	1.78

Source: Data from the Demographic and health survey (DHS)

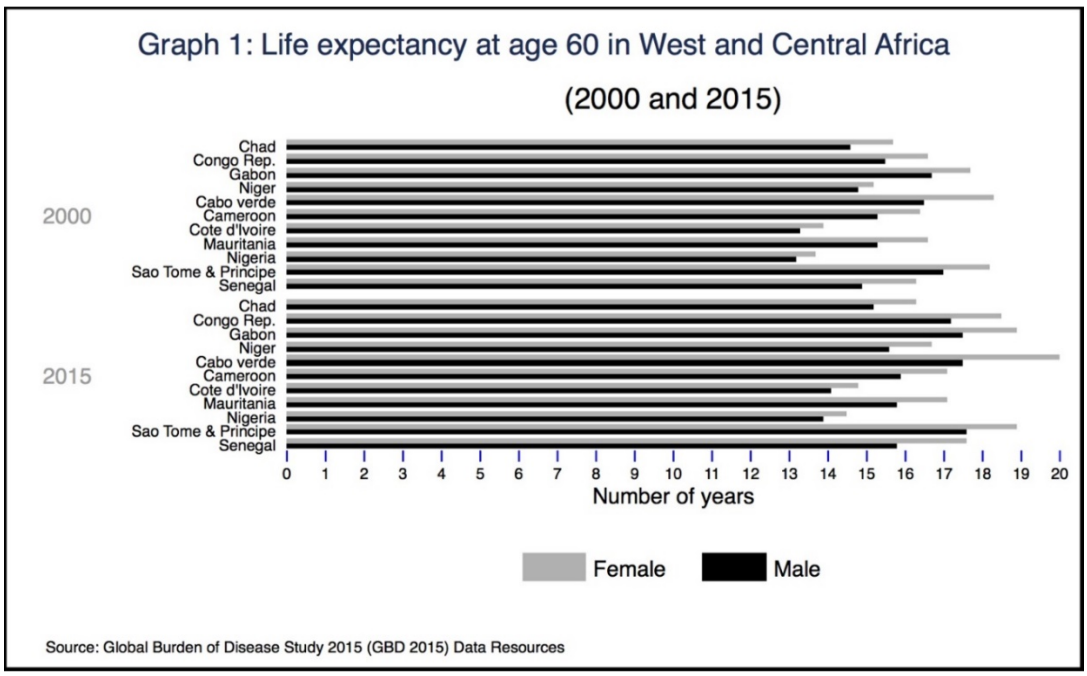
There is considerable disparity between countries in the proportion of elderly people who have completed primary school and has reached a higher level of education. In Ghana, a large number of older people who have completed primary school have not completed high school. Few have gone through high school and graduated. This contrasts with the profile in Nigeria, where much older people have graduated from high school and reached higher education. In addition, Ghana and Nigeria have the highest proportion of older persons with post-secondary education. The proportion of older people in these two countries who have attained a higher level of education is at least threefold that of older people in the other countries. Burkina Faso and Sao Tome and Principe have the lowest share of older people with higher education in the region. Formal education is a fundamental factor of successful ageing. Educational attainment is linked to many aspects of a person's development. Research has shown that higher levels of education usually translate into better health status, higher

incomes and consequently higher standards of living. People with higher educational levels may be less dependent on their families for financial assistance. In comparison, being low educated may expose to harder and low paid jobs. As well, it may lead to having poor self-perceived health and functional limitations (Crabtree, 1967; Zimmer et al.,1998; Kuate-Defo, 2006; Cosco et al., 2017). In the region, as educational opportunities were not well developed in the 1930s to 1950s, the current cohort of elderly people on average has a relatively low level of education. At that time, many countries in West and Central Africa were under colonial administration. The possibility of going to school was almost nil, especially for rural people and girls especially for the females from villages.

Health

Health profiles of older persons

To assess the health status of the older people in a country, it is useful to have information on indicators such as morbidity, mortality, use and access to health care, health risk factors for older persons, prevention and personal health expenses, etc. However, available health statistics in the different countries in the region still do not provide accurate and timely information on these indicators. As well, there is a dearth of data on disability among older people, including the presence of physical or mental impairments that limit a person's ability to perform an important activity and affect the use of or need for support, accommodation, or intervention to improve functioning. In this paper, we look at health profiles of the older people in the region using information on the expectation of life at age 60 published by WHO (2016). This gives the expected average number of years of life remaining at 60 years old. We use this measure as a proxy to capture the profile of the older populations' health, wellbeing and quality of life in the West and Central Africa region.



Main causes of deaths

Cause-of-death classification is a useful tool to illustrate the relative burden of cause-specific mortality. In fact, ranks indicate the most frequent causes of death among the causes that can be classified. The rankings do not illustrate the risk of mortality by cause, as shown by mortality rates. The rank of a specific cause (i.e., its mortality burden in relation to other causes) may decrease over time even if its mortality rate has not changed or its rank may remain the same over time, even if its mortality rate decreases. There are important variations in the leading causes of older persons' death are noted across countries and periods (tables 4).

Table 5: Estimated deaths ('000) by cause, Population aged [60-69], 2015

		Communicable, maternal, perinatal and nutritional conditions			Non-communicable diseases							Injuries	
Countries	All Causes	Infectious and parasitic diseases	Respiratory Infectious	Nutritional deficiencies	Malignant neoplasms	Diabetes mellitus	Neurological conditions	Cardiovascular diseases	Respiratory diseases	Digestive diseases	Genitourinary diseases	Unintentional injuries	Intentional injuries
Benin	9.3	1.1	1.0	0.1	0.7	0.5	0.1	3.2	0.5	0.9	0.3	0.6	0.1
Burkina Faso	13.5	1.9	1.3	0.3	1.4	0.6	0.1	4.6	0.5	1.1	0.2	0.8	0.2
Cameroon	19.9	4.1	1.8	0.1	1.7	1.1	0.2	6.1	0.9	1.7	0.6	1.0	0.3
Cape Verde	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0
Central African Republic	5.1	1.2	0.4	0.1	0.5	0.2	0.0	1.6	0.3	0.3	0.1	0.2	0.1
Chad	10.9	2.2	1.1	0.1	1.0	0.5	0.1	3.2	0.5	1.0	0.2	0.6	0.1
Congo	3.5	0.9	0.2	0.0	0.4	0.2	0.0	1.0	0.2	0.2	0.0	0.1	0.0
Côte d'Ivoire	27.5	4.0	3.0	0.2	1.9	1.3	0.3	9.3	1.4	2.8	0.7	1.4	0.4
Equatorial Guinea	0.8	0.1	0.1	0.0	0.1	0.1	0.0	0.2	0.0	0.1	0.0	0.0	0.0
Gabon	1.4	0.3	0.1	0.0	0.2	0.1	0.0	0.4	0.1	0.1	0.0	0.1	0.0
Gambia	1.4	0.2	0.2	0.0	0.1	0.1	0.0	0.5	0.1	0.1	0.0	0.1	0.0
Ghana	25.4	3.8	2.7	0.1	2.5	1.5	0.2	8.6	0.9	2.1	0.6	1.5	0.3
Guinea	11.4	2.2	1.2	0.1	1.1	0.4	0.1	3.5	0.6	1.0	0.3	0.7	0.1
Guinea-Bissau	2.0	0.6	0.2	0.0	0.1	0.1	0.0	0.6	0.1	0.2	0.0	0.1	0.0
Liberia	3.9	1.2	0.3	0.0	0.3	0.2	0.0	1.0	0.1	0.3	0.1	0.3	0.0
Mali	12.5	1.8	0.5	0.2	1.6	0.5	0.1	4.1	1.3	1.1	0.3	0.7	0.1
Mauritania	3.3	0.5	0.4	0.0	0.3	0.2	0.0	1.0	0.1	0.3	0.1	0.2	0.0
Niger	14.9	2.6	1.8	0.2	1.1	0.5	0.1	4.5	0.8	1.5	0.4	1.0	0.2
Nigeria	202.2	62.7	24.8	1.2	15.4	9.1	1.7	48.5	6.9	14.7	3.4	8.1	2.2
Senegal	9.9	1.6	0.8	0.1	1.2	0.4	0.1	3.1	0.5	0.8	0.3	0.7	0.2
Togo	6.3	0.8	0.7	0.1	0.6	0.3	0.1	2.2	0.3	0.6	0.2	0.4	0.1

Source: Global Health Estimates 2015: Deaths by Cause, Age, Sex, by Country and by Region, 2000-2015. Geneva, World Health Organization; 2016.

However, there are some strong trends common to all countries. In both periods and in all countries, the leading causes of death were infectious and parasitic diseases. Most deaths

recorded in the various countries are related to these diseases. Infectious diseases are widely spread in the region and are mostly related to malaria and TB. Cardiovascular diseases account for the second important cause of death in the region. Important increases in the number of deaths associated to these diseases are noted in all countries between 2000 and 2015. Cardiovascular diseases are becoming a very significant health problem across the region. Lifestyle choices associated with cardiovascular diseases, including sedentary lifestyle, smoking and poor diets, are now widely prevalent in the region. Another major cause of deaths for older persons in the region is the respiratory diseases, followed in rank order by digestive diseases; diabetes mellitus; injuries (intentional and unintentional); malignant neoplasms; etc.

Health Care System

Health-care workers and ageing in the region

Observed trends in ageing in the different countries in the region are expected to increase demand for health care services and for health care workers. Because people typically demand more health care services later in life, the demand for health care workers will likely grow faster than in the past. Older people tend to have chronic conditions that require special skills and special care, particularly geriatric care. Geriatrics is the branch of medicine concerned with health problems specific to aging and with the treatment, diagnosis, and prevention of disease in older persons. Additionally, an ageing population will result in many health workers retiring during the next years. Then the basic question is whether the current health care workforce is sufficiently trained to meet existing demands of older patients, let alone higher future demands. However, there are important data gaps on health-care staffing and training in almost every country in the region. This is a challenge for all countries and is a particular concern with regard to disaggregated data. Where data on health staff are available, there is rarely sufficient information to monitor levels of effective coverage for the older population.

Health insurance coverage

Data scarcity is also an issue with regard to health insurance coverage for older people. This is a particular problem, hampering the ability to monitor health-care financing and health-care seeking behavior for older equity in the West and Central Africa countries.

Enabling Environment

Living arrangements

The findings on the living arrangements of older people in households show that, in almost every country, older persons live in extended households. Co-residence with children is common for older adults in every country and living alone is rare. The dominance of elderly persons living in extended households reflects on the fundamental role family support continues to play in ensuring that the needs of the older persons are met. Country variations

show that older people living in extended household setups are more prevalent in Sahelian such as Senegal, Mali, and Burkina Faso, as well as in Guinea while nuclear households among the elderly are predominantly found in Sao Tome and Principe and Ghana. Despite these disparities, old person living alone is an exception in the region. The prevalence of living alone among older people in West and Central Africa, though varying widely across countries, is at lower levels than in the other regions of Africa, with the exception of Sao Tome and Principe, Ghana, and Gabon (10%, 6% and 5%, respectively).

Table 6: Older persons' Living arrangements (based on de jure household members):

Countries	On average an older person co-resides with (number of)					Percentage of households composed only of older persons
	Children	Adults [16-24]	Adults [25-59]	Older persons	Household size	
Benin	2.1	0.7	1.0	0.4	5.1	4.2
Burkina	2.8	0.9	1.5	0.5	6.7	1.89
Cameroon	2.5	0.9	1.3	0.4	6.2	3.92
Congo	1.6	0.7	1.1	0.4	4.8	3.33
Cote d'Ivoire	2.8	0.9	1.7	0.4	6.7	2.44
Gabon	1.7	0.7	1.1	0.5	5.0	5.1
Ghana	1.4	0.5	0.7	0.3	4.0	5.83
Guinea	3.3	1.1	1.8	0.5	7.6	1.26
Liberia	2.7	0.8	1.4	0.4	6.3	1.88
Mali	6.2	1.7	3.2	0.7	12.7	0.39
Nigeria	2.0	0.7	1.3	0.3	5.3	3.42
Sao Tome and Principe	0.9	0.5	0.5	0.3	3.2	10.37
Senegal	5.3	1.8	3.3	0.5	12.0	1.01
Chad	3.0	0.8	1.1	0.3	6.2	2.43
Togo	2.4	0.8	1.2	0.4	5.8	3.47

Sources: Data from the household roster component of recent Demographic and Health Surveys - DHS

Table 7: Older persons' Living arrangements: Structure of households composed only of older persons (%)

Countries	Size (based on de jure household members)			
	1 person	2 persons	3 persons	4 persons and more
Benin	78.15	19.95	1.63	0.27
Burkina	53.07	38.99	5.78	2.17
Cameroon	76.94	19.35	3.71	0.00
Congo	67.10	29.01	3.73	0.16
Cote d'Ivoire	72.08	24.15	3.77	0.00
Gabon	60.54	32.52	5.98	0.95
Ghana	78.09	21.03	0.59	0.30
Guinea	61.29	37.63	1.08	0.00
Liberia	64.74	34.21	1.05	0.00
Mali	41.18	52.94	5.88	0.00
Nigeria	73.44	26.17	0.39	0.00
Sao Tome and Principe	88.16	11.84	0.00	0.00
Senegal	79.55	15.91	4.55	0.00
Chad	77.40	21.39	0.96	0.24
Togo	79.14	19.54	0.99	0.33

Sources: Data from the household roster component of recent Demographic and Health Surveys - DHS

Analysis of household size, i.e. the number of people per household show noticeable differences in household size between households with and without older persons. Households with older persons are predominantly larger. For instance, in Mali and Senegal, the average size with older people is 15.9 and 15.5, respectively; meanwhile the average size of households without older persons is 9.8 and 9.9, respectively. The co-residence with the older people is just one element among many that are part of a package of transfers towards the older persons from family members. These transfers represent only a part of the total transfers to the older persons, which may include other formal income such as pensions, disability income, and other social transfers and allowances. Thus, the co-residence of older people with their children (or other relatives) is only one among many other transfer flows involving the older persons (Palloni, 2001). The observed prevalence of co-residence with children may be related to the weakness or non-existence of other forms of transfers in the region. It may also be related to low household incomes, as well as the health status and dependence of the elderly.

Support for caregivers of older persons

Older people need companionship and physical care and assistance. The observed trends of living arrangements in the region show that older people in the region rely more heavily on family members for care and survival. Data show that a significant proportion of older people in the different countries are married or live with a companion. The proportion of widowed, as well, is important. The remaining proportions of never married, divorced and separated

are very low, except for Sao Tome and Principe. When analysed by sex, older men tend to be more married and older women are more likely to be widowed in almost every country. As well, the share of widows among older women is higher than the share of widowers among older men. This is mainly because men were usually older than women at the time of marriage, together with the fact that women had longer life expectancy than men leading to the phenomenon that husbands usually died before their wives.

Keys messages and recommendations

Despite considerable increase in the aging population and governments' commitment to implement the MIPAA, ageing-related issues remain a neglected or de-prioritized topic in almost all countries in West and Central Africa. As signatories to the MIPAA, governments promised to develop responses to address the needs of the growing older populations. Fifteen years later, the pace of change has been slow and uneven. Overall, countries in the region accord low priority in their national development policies and programs to the aging populations. In many countries, older persons are barely identified as a specific group to be targeted in development plans. To ensure successful ageing in every county in the region, member States should fully implement the commitment to the older people contained in the MIPAA. To that end, they may wish to take the following actions:

- Increase the share of public expenditure allocated to basic social security to address vulnerabilities related to old age, ill health, disability and unemployment and other life crises;
- Develop and improve adequate, sustainable and responsive social protection schemes, including social insurance and pension schemes, that meet basic minimum needs throughout the life cycle;
- Ensure that social protection measures such as health insurance and information on those benefits, are accessible for all workers, including migrant workers and women in the informal sector;
- Review, strengthen and expand social protection to meet the needs of people living in poverty adequately, taking into account older persons' specific needs and priorities;
- Develop minimum pensions that are independent of years of contribution to ensure that basic minimum needs are met; and take innovative measures to extend basic health insurance coverage to all;
- Ensure universal access, based on equality between women and men, to appropriate, affordable and quality health care services for all throughout the life cycle;
- Remove any kind of barriers to health care access for the older persons by, particularly, advancing health service provision for older people. A great emphasis should be put on the training of geriatrists and gerontologists and the creation of geriatrics services in the health facilities.
- Adopt policies and support mechanisms that create an enabling environment for older people's organizations and networks, including self-help groups and workers' organizations and cooperatives, in particular groups which support the educational and employment opportunities of vulnerable groups such as migrants, and people with disabilities.

- Develop longitudinal surveys aimed at providing comprehensive and cross-nationally harmonized data resources for building scientific knowledge and informing policy development on ageing and related issues in SSA.

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